

Rules Writing Workshop
Optometry Oral Medication
July 18, 2003

A rules development workshop was called to order at 12:50 p.m., Friday July 18, 2003, by R. Richard Ryan, O.D.. The purpose of the workshop was to facilitate development of Board of Optometry rules to implement Chapter 142, Laws of 2003. Chapter 142 authorizes qualified optometrists to prescribe drugs administered orally and to administer epinephrine by injection. The meeting was held at the Rodeway Inn and Suites, 185 Highway 2, Leavenworth, Washington.

ATTENDEES: R. Richard Ryan, O.D., Chair, Board of Optometry
 Thomas Riley, O.D., Board of Optometry
 Jeffrey Sutro, O.D., Board of Optometry
 Cynthia Bidegary, O.D.
 Mike Van Brocklin, O.D.
 David Stanfield, O.D.
 Lori Youngman, O.D.
 Kathy Yang-Williams, O.D.
 Brett Bence, O.D.
 Sherri Egashira, O.D.
 Karen Preston, O.D.
 Doug Hansen, O.D.
 Glen Owen, O.D.
 Jack Hale, O.D.
 Judy Balzer
 Tim Layton, Wash. Academy of Eye Physicians and Surgeons
 Judy Haenke, Department of Health
 Melissa Quirke, Department of Health

Richard Ryan, O.D. introduced Optometry Board member Thomas Riley, O.D., who joined him in facilitating the meeting, and Jeffrey Sutro, O.D, also a member of the Board. Dr. Ryan explained that the purpose of the meeting was to allow an opportunity for interested persons to comment and provide recommendations on rules related to required training to prescribe oral medication and to administer epinephrine by injection, and on a proposed drug formulary.

Draft documents for the purposes of discussion included:

- June 25, 2003 Working Draft for Medications for Use by Optometrists in Washington State (Drug Formulary)
- June 25, 2003, PUCO/SCCO Advanced Ocular Therapeutics Course - 28 hours including an Emergencies & Injection Workshop - 4 Hours Total

Dr. Ryan asked for comments and recommendations from those in attendance.

Jack R. Hale, O.D., respected former long-time Chair of the Board of Optometry requested an opportunity to make an opening remark.

Dr. Hale wished to give recognition to the Board of Optometry for its distinguished background in the area of co-management in the context of its historical support and innovation regarding 1980's era models of co-management.

Following is a summary of comments and recommendations made by those who attended the meeting. The summary does not necessarily represent the order in which the comments and recommendations were made.

Thomas Riley, O.D. led a line by line review of the current proposed draft formulary. The formulary follows with comments inserted.

**Working Draft /June 25, 2003
Medications for Use by Optometrists in Washington State
Drug Formulary**

The prescription or administration of drugs is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and adnexa that are within the practice of optometry. Optometrists who are certified to prescribe and administer pharmaceutical agents for therapeutic purposes may prescribe and administer the drugs listed:

WAC 246-851-410 Drug formulary of topically applied drugs for diagnostic and treatment purposes:

1. Drugs for diagnostic and therapeutic purposes
 - A. Mydriatics
 - B. Cycloplegics
 - C. Miotics
 - D. Anesthetics
2. Drugs for therapeutic purposes only.
 - A. Anti-infectives
 - B. Antihistamines and decongestants
 - C. Ocular lubricants
 - D. Antiglaucoma and ocular hypotensives
 - E. Anti-inflammatories
 - F. Hyperosmotics
 - G. Other topical drugs approved for ocular use by the FDA

WAC () Drug formulary for the prescription, dispensing or administration of oral medications includes:

1. Antibiotic agents including but not limited to: Penicillins, Cephalosporins, Quinolones, Tetracyclines, Macrolides, Lincosamides, and Sulfonamides. ***(COMMENT: Vancomycin was not included because of potential for toxicity and poor absorption with oral administration)***
2. Antiviral agents
3. Antifungal Agents
4. Antihistamines including but not limited to: Non-selective Alkylamines, Ethanolamines, Phenothiazines, Piperazines, and Piperidines. Also includes Peripherally-selective Piperazine and piperidines
5. Decongestant agents including but not limited to: all Arylalkylamines.
6. Dry eye agents
7. Gastrointestinal Agents

8. Diagnostic Agents such as oral Fluorescein Sodium and all dyes necessary in ordering appropriate radiology studies.
9. Diuretics for use in Anti-Glaucoma Conditions
10. Non-Steroidal Anti-inflammatory agents
11. Antianxiety agents
12. Antiplatelet agents for emergent amaurosis fugax or retinal vascular disease. **(COMMENT: Rather than using the term “amaurosis fugax, use “optic nerve injuries or conditions”, or other similar language)(COMMENT: include plavix along with aspirin)**
13. Any FDA approved agents with ocular applications **(COMMENT: opposed by the Board of Pharmacy due to concerns about prescription of dangerous medication and possible systemic side effects.)**

WAC () Drug Formulary for Controlled Substances limited to Schedule III, IV, and V includes: **(COMMENT: or including, but not limited to:)**

1. Schedule III Narcotics: Such as Acetaminophen with codeine, Aspirin with Codeine, Fiorinal with Codeine, and Acetaminophen with Hydrocodone. Hydrocodone can only be dispensed with concentration maximum of 5 mg per dose.

(COMMENTS: regarding the restriction of Hydrocodone to 5 mg per dose –

- **the limitation of treatment to just seven days should be sufficient response to the concerns about over use or drug seekers.**
- **Limitations should be specified in the guidelines and concern use not strength**
- **This is an unnecessary restriction. Optometrists have a track record in other states**
- **Hydrocodone can only be prescribed for an ocular condition – so prescribing will already be limited.**
- **Optometrists have sufficient training to prescribe hydrocodone appropriately.**

2. Schedule IV Narcotics includes: **(Comment: or including, but not limited to:)** Acetaminophen with propoxyphene Napsylate, Aspirin with Pentazocine, Acetaminophen with Pentazocine, and Naloxone with Pentazocine

3. Schedule IV Antianxiety/Sedative include: **(Comment: or including, but not limited to:)**

Benzodiazepine Derivatives including Alprazolam, Clorazepate, Chlordiazepoxide, Diazepam, Lorazepam, and Oxazepam. **(COMMENT: include chloral hydrate in Sch. IV)**

4. Schedule V Narcotics include: **(Comment: or including, but not limited to:)** Acetaminophen with Codeine limited to 120mg of Acetaminophen and 12 mg of Codeine

(COMMENT: include elixir)

WAC () Drug formulary for injectable substances includes: 1. Administration of epinephrine by injection for the treatment of anaphylaxis without consulting the patient's surgeon.

2. May not prescribe, dispense, or administer a controlled substance schedule I or II

3. May not prescribe, dispense, or administer a controlled substance, schedule III to IV for more than seven days for any patient for a single condition or associated pain. If additional treatment is needed, the patient must be referred to a physician.

4. May not perform injections or infusions excluding administration of epinephrine by injection for the treatment of anaphylactic shock.

General comments on the proposed June 25, 2003 Working Draft Drug Formulary:

From Tim Layton, Lobbyist for the Washington Academy of Eye Physician and Surgeons (WAEPS): The WAEPS has concerns with the proposed draft formulary, but will postpone its comments until a future stakeholder meeting.

A question was asked about whether a formal rules hearing would be necessary to add drugs to the approved formulary or to change a drug that moves from one schedule to another. It was answered that this process would be determined during the rule making process and suggestions about accomplishing this were encouraged from the attending stakeholders.

It is better to be as inclusive as possible to avoid adding to the list of approved drugs through a formal rules process each time a new drug comes on the market.

The rule should include a statement that optometrists may recommend over the counter drugs and supplements to their patients.

The original Sunrise Review included Schedule II through V and also included a seven-day limitation for prescription of schedule drugs.

Thomas Riley, O.D. led a line by line review of the current proposed draft educational course which follows with comments inserted.

Working DRAFT June 25, 2003

PUCO/SCCO ADVANCED OCULAR THERAPEUTICS – 28 HOURS

PART A - DIDACTIC INSTRUCTION – 16 HOURS TOTAL

Basic Principles of Systemic Drug Therapy - 2 hrs (***COMMENT: Change to one hour and Review to 5 hours***)

Side-Effects, Adverse Reactions and Drug Interactions in Systemic Therapy - 1 hr **increase to 2 hours**

Review of oral pharmaceuticals – 4 hrs (**COMMENT: Change to 5 hours and Basic Principles to one hour**)

- Prescription writing
- Legal regulations in oral prescription writing
- Systemic Anti-bacterial in Primary Eye Care
- Systemic Anti-viral in Eye Care
- Systemic Anti-fungal in Eye Care
- Systemic Antihistamines and Decongestants and their uses in Eye Care
- Gastrointestinal agents and their use in eye care
- Management of post herpetic neuralgia
- Systemic Diuretics and their management of Elevated IOP
- Inert diagnostic dyes (sodium fluorescein (oral form only)
- The management of emergent amaurosis fugax or retinal vascular disease. (**COMMENT: Rather than using the term “amaurosis fugax, use “optic nerve injuries or conditions”, or other similar language**)
- Systemic Epinephrine

Review of systemic medications in Ocular Pain Management– 2 hr

- Prescription writing
- Legal regulations with scheduled medications
- Systemic non-steroidal anti-inflammatory drugs (NSAIDS) (**COMMENT: move to Review of oral pharmaceuticals**)
- Systemic non-scheduled analgesics (**COMMENT: move to Review of oral pharmaceuticals**)
- Systemic scheduled analgesics

Review of oral medications used for sedation and anti-anxiety properties in eye care- 1hr

Anti-anxiety agents

Scheduled Anti-anxiety and Sedative medications and their role in eye Care

Washington State Formulary for oral medications in Primary Eye Care - 1 hr

(**COMMENT: delete the list of drugs – just use Washington State Formulary for Oral Medication**)

- Antibiotic agents
- Antiviral agents
- Antifungal agents
- Antihistamines
- Decongestants
- Dry eye agents

- Gastrointestinal agents
- Diagnostic agents
- Diurnal agents
- Non-steroidal anti-inflammatory drugs (NSAIDS)
- Anti-anxiety agents
- Antiplatelet agents
- Scheduled III-V Narcotic agents
- Scheduled III-V Anti-anxiety/Sedative agents

Applied Systemic Pharmacology: Grand Rounds in Ocular Disease Mgmt. - 4 hr.

- Eye lid & Adnexal tissue
- Lacrimal System & Peri-orbital sinuses
- Conjunctival & Corneal disorders
- Iris and Anterior Chamber Disorders
- Posterior Segment Disorders
- Optic Nerve Disease
- Peripheral Vascular disease and its relationship with ocular disease
- Atherosclerotic disease
- Other/course review

WRITTEN EXAM – 1 hr. We are not considering this 1-hour test part of the education

PUCO/SCCO ADVANCED OCULAR THERAPEUTICS
PART B - SUPERVISED CLINICAL INSTRUCTION - 8 HOURS TOTAL
PHYSICAL ASSESSMENT WORKSHOP

- Vital Signs – 1.5 hr.
- Auscultation - 2.5 hr.
- Ear, Nose & Throat - 2 hr.
- Screening Neurological Exam - 2 hrs

PART C - EMERGENCIES & INJECTION WORKSHOP - 4 HOURS TOTAL

Review of Urgencies, Emergencies, & Emergency-use Agents – 2 hrs (**COMMENT: change to 3 hours**)

Review Pharmacology of epinephrine

Ocular urgencies

- Thermal burns (**COMMENT: why is thermal burns included?**)
 - Direct and photosensitivity-based ultraviolet burn
 - Electrical injury
 - Cryo-injury and frostbite
 - Stings and bites
 - Punctures, perforations, and lacerations

General urgencies & emergencies

- Anaphylaxis
- Hypoglycemic crisis
- Narcotic overdose

Injections workshop – 2 hours (**COMMENT: Change to 1 hour**)

- Instrumentation
- Informed consent
- Preparation (patient and equipment)
- Epi-pen injections
- Intramuscular injections (must demonstrate proficiency)
- Starting an IV (must demonstrate proficiency)

Sub-cutaneous injections

COMMENTS regarding the addition of a requirement for CPR for endorsement to administer epinephrine.

- CPR certification or recertification should be included in the requirement for endorsement to administer epinephrine.
- May be more appropriate to add a CPR requirement as part of the regular CE requirements. If CPR were a regular CE requirement, the course could be offered by OPW or a local Society.

General comments regarding course requirements:

In response to concerns about the effect on licensure by endorsement and/or reciprocity regarding other states' rules relating to the use and education for orals medication, the Board of Optometry responded that it would consider existing courses to determine whether Washington requirements were met.

R. Richard Ryan, O.D., explained some of the formal training in pharmacology received by all optometrists to Tim Layton.

Dr. Ryan expressed his concern that NBEO does not currently offer testing for epinephrine injectables and because of this, the epinephrine course may need to be offered for an indeterminate period until the testing is available through NBEO.

A brief summary of the rules process was given. The required coursework for orals and epinephrine injection are proceeding in one rule packet. The formulary and required guidelines are proceeding in a separate rules packet. It is estimated that rules outlining required coursework may be in place as early as February 2004, and rules defining the formulary and guidelines may be filed by April 2004. It is not practical at this stage to separate the training into two packets.

Explore requiring a course on reducing medication errors.

BOARD OF PHARMACY MEETING: July 23, 2003

Members of the Board of Optometry and representatives of the Optometric Physicians of Washington will address the Board of Pharmacy at its meeting on July 23, 2003. The purpose of the presentation is to maintain consultation with the Pharmacy Board in this rules development process as required in Chapter 142.

FUTURE RULE WRITING WORK SHOPS

No date has been set for future meetings. Meetings will be published as soon as that information is available. You may make comments at any time by contacting:

Judy Haenke, Program Manager
P O Box 47870
Olympia WA 98504-7870
(360) 236-4947
judy.haenke@doh.wa.gov